contribution made by the State Govt./UT subject to a maximum of Rs. 5 crores for states which have a larger proportion of population living below poverty line and Rs. 2 crores for other States/UTs. The poverty line shall be as defined by the Planning Commission. The fund could also be subscribed by individuals, corporate bodies and other National/International philanthropic organisations. The contribution received by this fund would be exempt from payment of income tax under Section 80(G) of Income Tax Act. The accounts of the society would be audited by AG of the State/UT every year.

This fund would release financial assistance to patient below poverty line in India suffering from life threatening diseases for undergoing medical treatment of any of the super speciality Hospital/ Institutes or other Govt./Private Hospitals participating in the scheme. The assistance will be in the form of a one time grant which will be released to the Medical Superintendent of the Hospital, in which the treatment has been received.

A provision of Rs. 25 crores has been made in the budget grant of Ministry of Health & FW during 1996-97 for release of grant in aid to State/UT. A similar amount has been provided in the 1997-98 budget also.

It has also been decided that National Illness Assistance Fund should be set up with an initial donation from Ministry of Health and F.W. of Rs. 5 crores. This fund would also be subscribed by individuals corporate bodies and Non-corporate bodies. The contribution made to this fund will also be exempt from payment of Income-Tax under Section 80(G) of Income Tax Act. The management Committee of NIAF will be chaired by Union Health Minister. The NIFA will be a registered society and its accounts will be subject to audit by C&AG every year.

Whereas the quantum of financial assistance to a poor patient is less than Rs. 15 lakhs, the release will be done by the fund at the State/UT level and if the quantum of assistance is in excess of Rs. 1.5 lakhs in an individual case, the case will be recommended to NIAF at the Centre.

NIAF will decide about the budget outlay for grant of similar assistance to be released to such population living in the UTs without legislature.

(d) Applications for necessary assistance under this scheme can be addressed to the Illness Assistance fund of the repsective States/UTs or NIAF. The applicant has to apply to state Govt. to which he belongs alongwith the estimate of the expenditure of the illness from the Hospital where the treatment is being received or will be received and a certificate of his proof of income duly certified by the competent authority of the State. The state illness fund will examine the case and will process it in case the expenditure is within Rs. 1.50 lakhs in each case. In case it exceeds this limit it will be forwarded to the Central Govt. along with their recommendations for processing the case under NIAF.

Typhoid vaccine manufactured by Haffkine Institute

212. DR. SHRIKANT RAMCHANDRA JICHKAR: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that the Department of Health had informed some time ago the Haffkine Institute/Biopharmaceutical Corporation Mumbai not to manufacture Typhoid vaccine;

(b) if so, what are the reasons therefor;

(c) whether government are aware that the Typhoid vaccine manufactured by Haffkine was costing a few paisa per vaccine, compared to the very costly vaccines available in the market; and

(d) by when manufacture of this vaccine would begin?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) No, Sir. However, the Govt. of Maharashtra was advised to instruct vaccine producing institute to stop production of conventional typhoid vaccine.

(b) Conventional Typhoid vaccine is considered unsatisfactory because of high frequency of adverse reactions such as fever, headache, pyrexia, nausea, malise and systemic reactions involving neurological complications. Newer type of typhoid vaccine has minimum or no adverse reactions.

(c) It is a fact that Conventional Typhoid vaccine is cheaper than the newer vaccine.

(d) Haffkine Bio-Pharmaceutical Corporation Ltd., Mumbai was advised to undertake R&D work to develop newer typhoid vaccine so that production of this vaccine can be started at their Instt.

Survey of HIV/AIDS incidence in North-East

213. DR. B. B. DUTTA: Will the PRIME MINISTER be pleased to state:

(a) whether Government have conducted any survey regarding rising incidence of HIV/AIDS in the North-Eastern States;

(b) if so, the details thereof; and

(c) the steps being taken by Government to check its spread?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. The North-Eastern states are included in the surveillance activity for HIV infection. As on 30th June, 1997 the details of HIV positives and AIDS cases (cumulative since 1986) in the states are as follows:—

S. No.	Name of State	HIV Positive	AIDS cases
1.	Manipur	4807	276
2.	Meghalaya	57	7
3.	Nagaland	389	4
4.	Arunachal Pradesh	Nil	Nil
5.	Assam	169	10
6.	Mizoram	83	5
7.	Tripura	2	Nil

(c) In order to prevent and control spread of HIV/AIDS in India comprehensive programme is currently under implementation as a Centrally Sponsored Scheme throughout the country. The strategies of the programme consist of creation of awareness amongst high risk behaviour group & general public about HIV/AIDS, Control of Sextually Transmitted Diseases, Blood Safety and rational use of blood, surveillance, diagnosis and clinical management of HIV/AIDS cases.

Private Blood Banks in the country

214. SHRI S. M. KRISHNA: Will the PRIME MINISTER be pleased to state:

(a) the number of private blood banks operating at present in the country, State-wise;

(b) what is the criteria for granting licences to private blood banks in the country;

(c) whether Government are aware that many of these private blood banks do not have the HIV test facility; if so, whether Government have cancelled any licence during last two years;

(d) if so, the details thereof; and

(e) whether Government would review the functioning of these private blood banks?